

West Virginia
Offices of the Insurance Commissioner

Instructions;
Annual Premium Tax Statement;
Tax Payment Forms

GENERAL INSTRUCTIONS FOR COMPLETING FORM IC-PT – ANNUAL PREMIUM TAX STATEMENT

Computer generated Tax Statements are acceptable if they are exact replicas of the Tax Statements provided in this packet, including size. **Do not duplicate Tax Payment Forms. Use only the Tax Payment Forms provided in this packet to remit payments.**

Applicable annual fees are set forth below. List applicable fees on Page 1 as Item H and Item I. Applicable fees must be remitted with this filing. Pursuant to §33-3-2(e) of the West Virginia Code, companies not remitting the \$200.00 fee for renewal will not be issued a certificate of authority. **Risk retention groups are not subject to annual renewal fee for Certificate of Authority.** All foreign and alien licensed insurers must file a signed and completed NAIC Annual Financial Statement Jurat page with Form IC-PT.

Fee for renewal of Certificate of Authority (P&C, Life, Health and Title Insurers)	\$200.00
Fee for filing Annual Statement (P&C, Life, Health and Title Insurers and RRGs)	\$100.00

DO NOT REMIT THE EXAMINATION ASSESSMENT FEE which is reflected on Schedule D - Retaliatory Taxes and Fees. This fee is itemized on Schedule D only for consideration in calculating retaliatory fee liability. This Examination Assessment fee is not due until July 1; it will be billed separately at a later date.

W. Va. Code §33-43-6 states that a taxpayer to whom a credit has been issued may apply the credit as payment for any like tax due to be remitted by the taxpayer. Application of this language requires that overpayments of taxes created in Item A, Item B, Item C, and/or Item D on Page 1 may not be applied to reduce current tax liability reported in any one of the other Items. Tax overpayments may not be used to offset filing fees or retaliatory tax.

This Office does not accept Service of Process Forms or remittances required by the Office of the West Virginia Secretary of State. Those items must be submitted by the insurer to the Service of Process Section, Office of the West Virginia Secretary of State.

Failure to comply with reporting requirements may subject the company to penalties allowed by Chapter 33 of the West Virginia Code. Filings not properly completed may be returned for proper completion and resubmission.

Title insurers and property & casualty insurers must include applicable finance and service charges when calculating 3% Premium Tax on Page 1, Item A. Property & casualty insurers must include applicable finance and service charges on the appropriate lines of business when calculating the 1% Additional Tax; Fire Marshal Tax; and Insurance Premium Surcharge on Page 3, Schedule B.

INSTRUCTIONS FOR FORM IC-PT, PAGE 1

Item A: 3% Premium Tax

This Item is completed to calculate tax due from insurers subject to the premium tax imposed by W. Va. Code §33-3-14 and §33-3-14a. Each line is self explanatory. Title insurers report taxable premium directly from Schedule T of the Annual Financial Statement ("A.S.") on Line 3. All other insurers must complete Schedule A or Schedule B, Form IC-PT.

Line 7 – Report any overpayment from prior year reported to the company by this Office.

Line 8 – Companies qualifying for tax credit due to investments in West Virginia securities must complete Schedules E, F and G, Form IC-PT. Qualifying companies should enter the amount claimed from Page 5, Schedule E, Line 14. Otherwise enter -0-.

Line 9 – Enter net premium tax due here and on Line 1, Tax Payment Form.

Item B: 1% Annuity Tax

This Item is completed to calculate tax due from insurers subject to the 1% annuity tax imposed by W. Va. Code §33-3-15. Each line is self explanatory. Insurers subject to this tax must complete Schedule C, Form IC-PT. See specific instructions for Schedule C.

Line 4 - Report any overpayment from prior year reported to the company by this Office.

Line 5 – Enter net 1% annuity tax due here and on Line 2, Tax Payment Form.

Item C: 1% Additional Tax

This Item is completed to calculate tax due from insurers subject to 1% additional tax imposed by W. Va. Code §33-3-14d. Each line is self explanatory. Insurers subject to this tax must complete Schedule B, Form IC-PT.

Line 1 – Enter Total 1% Additional Tax Liability calculated on Schedule B, Line 38.

Line 3 - Report any overpayment from prior year reported to the company by this Office.

Line 4 – Enter net 1% additional tax due here and on Line 3, Tax Payment Form.

Item D: 1% Premium Surcharge

This Item is completed to calculate surcharge collected from policyholders by insurers as required by W. Va. Code §33-3-33. Each line is self explanatory. Insurers subject to this tax must complete Schedule B, Form IC-PT. **NOTE – EFFECTIVE 1/1/2006 THE 1% SURCHARGE IS REDUCED TO 0.55%**

Line 1 – Enter Total 1% Surcharge Liability calculated on Schedule B, Line 39.

Line 3 - Report any overpayment from prior year reported to the company by this Office.

Line 4 – Enter net 1% surcharge due here and on Line 4, Tax Payment Form.

Item E: Fire Marshal Tax

This Item is completed to calculate tax due from insurers subject to Fire Marshal Tax imposed by W. Va. Code §29-3-22. Each line is self explanatory. Insurers subject to this tax must complete Schedule B, Form IC-PT.

Line 1 – Enter Total Fire Marshal Tax Liability calculated on Schedule B, Line 40, less any existing overpayment, here and on Line 5, Tax Payment Form.

Item F: Retaliatory Liability

This Item is completed to report retaliatory tax and fee due as imposed by W. Va. Code §33-3-16. Each line is self explanatory. Insurers must complete Schedule D, Form IC-PT.

Line 1 – Enter Total Retaliatory Fee Liability calculated on Schedule D, Line 21, less any existing overpayment, here and on Line 6, Tax Payment Form.

Line 2 – Enter Total Retaliatory Tax Liability calculated on Schedule D, Line 22, less any existing overpayment, here and on Line 7, Tax Payment Form.

Item G: Minimum Tax

This Item is completed to calculate minimum tax imposed by W. Va. Code 33-3-17. Each line is self explanatory.

Line 6 - \$200 less Line 5, if result is zero or less there is no minimum tax liability. Stop Here.

Line 7 – Report total of any overpayments applied in Item A, Item B or Item C.

Line 8 – Enter Total Minimum Tax Due here and on Line 8, Tax Payment Form.

Item H: Certificate of Authority Renewal Fee

Insurers must annually remit \$200 Certificate of Authority renewal fee. Enter here and Line 9, Tax Payment Form.

Item I: Annual Statement Filing Fee

Insurers must annually remit \$100 fee for filing annual financial statement. Enter here and Line 10, Tax Payment Form.

Item J: Total Due

Total amount due - Sum of amounts due from each Item, Page 1, Form IC-PT. Enter here and Line 11, Tax Payment Form.

INSTRUCTIONS FOR SCHEDULE A – ITEMIZATION OF LIFE, ACCIDENT & HEALTH PREMIUMS

Schedule A must be completed by all insurers writing life or accident and sickness business subject to the premium taxes imposed by W. Va. Code §33-3-14 and §33-3-14a. Life insurers and property and casualty insurers licensed to write accident and sickness insurance must complete Schedule A, Section A – Accident and Health. Life insurers must complete Schedule A, Item B – Life Insurance. Premium amounts reported on Schedule A should reconcile to the applicable amounts reported on the insurer's Annual Statement (A.S.) State Page for West Virginia.

Schedule A, Section D must be completed when total direct premiums reported on this Tax Statement do not equal amounts reported on the state page. If Section D is not completed when total direct premiums do not equal amounts reported on the state page, this office will reconcile premiums to amounts reported on the state page and an assessment of tax due will be issued. Such assessment will include applicable penalty and interest. Any amount listed as exempt without a valid reason will also be taxed and penalized.

Pursuant to W. Va. Code §33-43-6(b) each return shall be executed by the taxpayer in a manner prescribed by the Commissioner. Each return so executed shall constitute a sworn statement by the signatory that, to the best of his or her knowledge and belief, the information provided in the return or in any supporting materials which accompany the return is true and accurate. All insurers must execute Form IC-PT by signing in the designated area on Page 2.

Transfer amount reported on Schedule A, Section E to Page 1, Item A, Line 1, Form IC-PT.

INSTRUCTIONS FOR SCHEDULE B – ITEMIZATION OF PROPERTY AND CASUALTY PREMIUMS

Schedule B must be completed by all property and casualty insurers. This Schedule is utilized to report all premiums subject to the premium taxes imposed by W. Va. Code §33-3-14 and §33-3-14a, calculate the liability for the tax imposed by W. Va. Code §33-3-14d, calculate the liability for the surcharge imposed on policyholders by W. Va. Code §33-3-33 (**NOTE – EFFECTIVE 1/1/2006 THE 1% SURCHARGE IS REDUCED TO 0.55%**) and calculate the liability for the Fire Marshal Tax imposed by W. Va. Code §29-3-22. Applicable finance and service charges must be included on the appropriate lines of business in reporting direct premiums written. Finance and service charges not allocated on the appropriate line of business will be assessed at 100% on Line 33.

Schedule B, Lines 36 and 36a must be completed when total direct premiums reported on this Tax Statement do not equal amounts reported on the state page. If Lines 36 and 36a are not completed when total direct premiums do not equal amounts reported on the state page, this office will reconcile premiums to amounts reported on the state page and an assessment of tax due will be issued. Such assessment will include applicable penalty and interest. Any amount listed as exempt without a valid reason will also be taxed and penalized.

Transfer amounts reported on Schedule B, Lines 37, 38, 39 and 40 to the applicable Item and Line on Page 1, Form IC-PT.

INSTRUCTIONS FOR SCHEDULE C – ANNUITY CONSIDERATIONS

Line 1 - Total annuity considerations reported on Line 2, Column 5 of the Annual Statement State Page.

Line 2 - ADDITIONS

Line 2a – Annuity considerations not included in Line 1

Front-end

In addition to the amounts reported on Line 1 include all annuity considerations or funds deposited for future purchase of an annuity reported as Deposit-Type Contract Funds on Line 3, Column 5 and/or Other Considerations on Line 4, Column 5 of the Annual Statement State Page. Include all annuity considerations or funds deposited for future purchase of an annuity whether considered group/non-group, deferred/non-deferred, qualified/non-qualified, allocated/unallocated or with/without mortality or morbidity.

Back-end

If not reported on Line 1 include all annuity considerations that were not taxed when collected and received by the insurer. These annuity considerations are subject to tax upon application to purchase an annuity. Pursuant to W. Va. Code §33-3-15, these are the total gross amounts accumulated and any earnings credited to the money accumulated since inception of the contracts.

Line 2b – Other

State specific type of entry on this line. If necessary, provide documentation on a separate attachment. Include company name and NAIC code on any attachments.

Line 2c – Total Additions - Sum of Line 2a and 2b.

Line 3 - EXCLUSIONS

Line 3a - Annuity considerations returned

Front-end only. Record all annuity considerations or funds deposited for future purchase of an annuity returned prior to annuity commencement date that were taxed in prior periods on a front-end basis. Do not include any earnings credited to the money accumulated since inception of the contracts.

Line 3b - Deferred annuity considerations

Back-end only. Record annuity considerations reported in Line 1 which have been collected and received by the insurer but are not considered as annuity consideration until application to purchase an annuity.

Line 3c - Other

State specific type of entry on this line. If necessary, provide documentation on a separate attachment. Include company name and NAIC code on any attachments.

Line 3d - Total Exclusions - Sum of Line 3a, 3b and 3c.

Line 4 - Net Taxable Annuity Considerations - Line 1 plus Line 2d minus Line 3d.

Transfer amount reported on Schedule C, Line 4 to Page 1, Item B, Line 1, Form IC-PT.

INSTRUCTIONS FOR SCHEDULE D – ITEMIZATION OF RETALIATORY TAXES AND FEES

Schedule D is used to determine retaliatory tax or fee liability pursuant to the provisions of W. Va. Code §33-3-16. Schedule D must be completed by all foreign or alien licensed insurers. Report all taxes and fees on a West Virginia basis in Column A and all applicable taxes and fees required by the company's state or country of domicile in Column B.

Transfer amount calculated on Schedule D, Line 20 to Page 1, Item F, Line 1, Form IC-PT.

Transfer amount calculated on Schedule D, Line 21 to Page 1, Item F, Line 2, Form IC-PT.

INSTRUCTIONS FOR SCHEDULE E – CALCULATION OF INVESTMENT TAX CREDIT

Please do not submit this schedule with your tax return if your company does not qualify for the Investment Tax Credit.

Schedule E is used to determine if an insurer qualifies for the Investment Tax Credit allowed by W. Va. Code §33-3-14b and to determine the dollar amount of the tax credit for qualifying insurers. Insurers seeking to claim the Investment Tax Credit must also complete Schedules F and G.

W. Va. Code §33-3-14b establishes four tests that an insurer must pass to qualify for the Investment Tax Credit. Completion of Schedule E will indicate if the insurer qualifies.

An insurer that answers yes to the questions on Schedule E, Lines 9, 10, 11 and 12 qualifies for the Investment Tax Credit.

Qualifying insurers transfer Investment Tax Credit claimed on Schedule E, Line 14 to Page 1, Item A, Line 8.

INSTRUCTIONS FOR SCHEDULE F – QUALIFYING CASH BALANCES

Schedule F is completed to calculate qualifying cash balances for insurers seeking to claim the Investment Tax Credit allowed by W. Va. Code §33-3-14b. Qualifying cash balances must be held in regularly established accounts in West Virginia state banks and reflected as an asset in the company's annual financial statement; calculated based upon fifty percent of the average quarterly balance of such accounts; and further not exceed forty percent (40%) of the insurer's investments in qualifying West Virginia securities. Completion of Schedule F determines the total qualifying amount of cash balances.

Transfer the qualifying amount of cash balances from Schedule F, Line 8 to Page 5, Schedule E, Line 1.

INSTRUCTIONS FOR SCHEDULE G – QUALIFYING WEST VIRGINIA SECURITIES

Schedule G is completed to determine the total amount of investments in West Virginia securities an insurer seeking to qualify for the Investment Tax Credit has reported on its annual statement. The insurer must give a description of the security; reference the page and line number where the security is reported in the annual statement; and list the dollar amount per investment classification in Columns a, b, c and d of Schedule G.

This schedule is a breakdown of the qualifying investments. Each security must be listed separately with its statement value, giving the name of the security and CUSIP number, where applicable. For each investment in real estate, give a description of the property, city and state address and book value, less encumbrances and depreciation. Each investment identified should be readily reconciled to the related Annual Statement investment schedule by listing the page and line number where the investment is reported in the filed Annual Statement. Complete additional schedules if necessary to report all securities.

Transfer reported amount from Schedule G, Line 4 to Page 5, Schedule E, Line 2 and Page 6, Schedule F, Line 5.

INSTRUCTIONS FOR COMPLETING THE TAX PAYMENT FORM

1. Enter only the amounts due from Form IC-PT, Page 1; Item A, Line 9; Item B, Line 5; Item C, Line 4; Item D, Line 4; Item E, Line 1; Item F, Lines 1 and 2; Item G, Line 6 or 8; Item H; Item I; and Item J on the tax payment form. No other information should be included on this form.
2. Do not show overpayments on the tax payment form.
3. Do not enter negative numbers on the tax payment form.
4. Ensure the amounts due are inserted on the correct line. The funds will be deposited exactly as the company shows them on the tax payment form.
5. Ensure the amounts on lines 1 through 10 of the tax payment form equal the total entered on Line 11 "Total Amount Remitted".
6. Do not show any address changes on the tax payment form. They will not be processed.
7. Submit only the tax payment form issued by this Office. Do not submit tax payment forms created by software packages.
8. Remit the certificate of authority filing fee and the annual statement filing fee with the tax payment form and taxes due. Do not send filing fees separately.
9. If you round the amounts due on the tax payment form, please round the check amount. The amount of the check should agree exactly with Line 11 "Total Amount Remitted" on the tax payment form.
10. **NOTE – EFFECTIVE 1/1/2006 THE 1% SURCHARGE IS REDUCED TO 0.55%. When calculating 2006 quarterly surcharge payments multiply applicable premiums by 0.55%.**

DO'S AND DON'T'S FOR PROCESSING 2005 WEST VIRGINIA TAX RETURN

1. **DO** send the tax payment form along with payment of taxes to the address listed in these instructions for the tax payment form. This address is also shown on the tear-off portion of the tax payment form itself.
2. **DO** send the tax statement to the address shown in these instructions for the tax statement.
3. **DO** include any certificates or documents required with the tax statement itself. **DO NOT** send them separately.
4. **DO** mail two separate mailings. One mailing will be the tax payment form to its corresponding address; one mailing will be the tax statement and all additional documentation to its corresponding address.
5. **DO** make sure you are using the correct tax payment form for the corresponding tax period. The tax periods are shown at the top of the tax payment form. They are also shown on the tear-off portion of the form.
6. **DO** double check your tax payment form for mistakes.
7. **DO NOT** include any other documentation in the envelope with the tear-off portion of the tax payment form and the check in payment of taxes due.
8. **DO NOT** use any negative numbers on the tax payment form.
9. **DO NOT** remit filing fees separately; they should be included with the payment of taxes due and remitted with the tax payment form.
10. **DO NOT** pay the 2005 Examination Assessment Fee at this time. You will receive an invoice for this fee later in the year.
11. **DO NOT** pay the \$200 certificate of authority fee if your company is a risk retention group.
12. **DO NOT** pay the \$200 minimum tax if your company is a risk retention group.
13. **DO NOT** remit the sample tax payment form included in the tax software packages.
14. **DO NOT** include address changes on the tax payment form.



West Virginia Insurance Commissioner
 Tax Audit Section
 P.O. Box 50542
 Charleston, WV 25305-0542
 Phone (304) 558-2100 Fax (304) 558-1365
<http://www.wvinsurance.gov>

**Annual Premium
Tax Statement**

Tax Year _____

Company Name			
Mailing Address			
Contact Person		Telephone Number	
E-Mail Address		Fax Number	
NAIC CODE		Federal ID #	
		State of Domicile	

Item A: 3% Premium Tax (W. Va. Code §33-3-14 and §33-3-14a)

1. Taxable Life and Accident and Health Premium. From Page 2, Schedule A, Section E	\$	
2. Taxable Property and Casualty Premium. From Page 3, Schedule B, Line 37	\$	
3. Taxable Title Insurance Premium. From A. S., Schedule T, Sum of Columns 3, 4 and 5, Line 49		
4. Total Taxable Premium. Sum of Lines 1, 2 and 3	\$	
5. Total 3% Premium Tax Liability. Tax Rate 0.03 x Item A, Line 4	\$	
6. Total 3% Premium Tax Quarterly Prepayments.	\$	
7. Total 3% Premium Tax Prior Year Overpayment Balance.	\$	
8. Investment Tax Credit (W. Va. Code §33-3-14b) From Page 5, Schedule E, Line 14		
9. Net 3% Premium Tax Due: Item A, Line 5 less Lines 6, 7, 8. If less than zero, enter -0-. Enter here and Line 1, Tax Payment Form	\$	

Item B: 1% Annuity Tax (W. Va. Code §33-3-15)

1. Taxable Annuity Considerations. From Page 4, Schedule C, Line 4	\$	
2. Total 1% Annuity Tax Liability. Tax Rate 0.01 x Item B, Line 1	\$	
3. Total 1% Annuity Tax Quarterly Prepayments.	\$	
4. Total 1% Annuity Tax Prior Year Overpayment Balance.	\$	
5. Net 1% Annuity Tax Due: Item B, Line 2 less Lines 3, 4. If less than zero, enter -0-. Enter here and Line 2, Tax Payment Form	\$	

Item C: 1% Additional Premium Tax (W. Va. Code §33-3-14d)

1. Total 1% Additional Premium Tax Liability. From Page 3, Schedule B, Line 38	\$	
2. Total 1% Additional Premium Tax Quarterly Prepayments.	\$	
3. Total 1% Additional Premium Tax Prior Year Overpayment Balance.	\$	
4. Net Due: Item C, Line 1 less Lines (2+3) If less than zero, enter -0-. Enter here and Line 3, Tax Payment Form	\$	

Item D: 1% Premium Surcharge (W. Va. Code §33-3-33)

1. Total 1% Premium Surcharge Liability. From Page 3, Schedule B, Line 39	\$	
2. Total 1% Premium Surcharge Quarterly Prepayments.	\$	
3. Total 1% Premium Surcharge Prior Year Overpayment Balance.	\$	
4. Net Due: Item D, Line 1 less Lines (2+3) If less than zero, enter -0-. Enter here and Line 4, Tax Payment Form	\$	

Item E: Fire Marshal Tax (W. Va. Code §29-3-22)

1. Total Fire Marshal Tax from Page 3, Schedule B, Line 40. If less than zero, enter -0-. Enter here and Line 5, Tax Payment Form	\$	
---	----	--

Item F: Total Retaliatory Liability - Foreign Companies Only (W. Va. Code §33-3-16)

1. Total Retaliatory Fee Liability. From Page 4, Schedule D, Line 20. Enter here and Line 6. Tax Payment Form	\$	
2. Total Retaliatory Tax Liability. From Page 4, Schedule D, Line 21. Enter here and Line 7. Tax Payment Form	\$	

Item G: Minimum Tax (W. Va. Code §33-3-17)

1. Total 3% Premium Tax Liability. Item A, Line 5.	\$	
2. Total 1% Annuity Tax Liability. Item B, Line 2.	\$	
3. Total 1% Additional Premium Tax Liability. Item C, Line 1.	\$	
4. Total Retaliatory Tax Liability. Item F, Line 2.	\$	
5. Sum of Lines 1 through 4. (If less than zero, enter -0-.)	\$	
6. Total Minimum Tax Liability. \$200 less Line 5. If zero or less, enter -0- here and on Line 8, Tax Payment Form. STOP HERE. There is no minimum tax liability.	\$	
7. Overpayments applied. Sum of Item A, Line 7; Item B, Line 4; and Item C, Line 3.	\$	
8. Total Minimum Tax Due. Line 6 less Line 7. If zero or less, enter -0-. Enter here and Line 8, Tax Payment Form	\$	

Item H: Certificate of Authority Renewal Fee. (W. Va. Code 33-3-13a) Enter here and Line 9, Tax Payment Form	\$	
---	----	--

Item I: Annual Statement Filing Fee. (W. Va. Code 33-3-13a) Enter here and Line 10, Tax Payment Form	\$	100.00
---	----	--------

Item J: Total Due. Sum of Lines A9, B5, C4, D4, E1, F1, F2, G8, H and I. Enter here and Line 11, Tax Payment Form.		
---	--	--

NAIC NUMBER:

COMPANY NAME:

Schedule A: Itemization of Life, Accident & Health Premiums

"Taxable premium" means the amount of the gross direct premiums, annuity considerations or dividends on participating policies applied in reduction of premiums less premiums returned to policyholders due to cancellation of policies. (W. Va. Code §33-43-3(i))

Premiums Written – Total on Line C below must be equal to premium reported on the Annual Statement (A.S.) State Page (Page 29) for Life, Accident & Health, State Page [Page 24- lines 13 through 15.7 & (a)] for Property and Casualty; or State Page (Page 30) Column 1- lines 12 and 13 for Health.

		A.S. Reference		Direct Premiums
		PAGE/LINE NUMBER P & C	L, A & H	
A. ACCIDENT & HEALTH				
1.	Group	24/13	29/24	
2.	Federal Employees Health Benefits Program	24/15.7	29/24.1	
3.	Credit (Group and Individual)	24/14	29/24.2	
4.	Collectively Renewable Policies	24/15.1	29/24.3	
5.	Other Individual Policies:			
5a.	Non-Cancelable	24/15.2	29/25.1	
5b.	Guaranteed Renewable	24/15.3	29/25.2	
5c.	Non-renewable for stated reasons only	24/15.4	29/25.3	
5d.	Other accident only	24/15.5	29/25.4	
5e.	All other	24/15.6	29/25.5	
5f.	Subtotal (Add Lines 5a+5b+5c+5d+5e)	\$	29/25.6	
6.	Finance and Service Charges (not included above)	24/ (a)		
7.	Subtotal Accident and Health Insurance (Add Lines 1 through 5e and 6)			\$
B. LIFE INSURANCE				
8.	Ordinary	29/1 Col 1		
9.	Credit Life (Group and Individual)	29/1 Col 2		
10.	Group	29/1 Col 3		
11.	Industrial	29/1 Col 4		
12.	Subtotal Life Insurance (Add Lines 8 through 11)	29/1 Col 5		
C. TOTAL GROSS PREMIUM (Add A7 + B12)				\$
D. PREMIUM EXEMPTED FROM STATE TAX. Cite statute, court decision or other legal basis allowing the exemption. An invalid reason will be taxed and may be penalized. In the space provided below, identify the line number listed above, the reason allowing the exemption, and the exempted premium amount.				
Line #	Reason for exempting premium:	Premium Amount		
14.	Total Exempted Premium	\$		
E. Total Net Taxable Premium (C minus D14)				\$
NOTE: Federal Employee Health Benefits premium are not taxable if the requirements of 5 U.S.C. §8909 are met.				

Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.

**SIGN
HERE**

Signature of Officer

Name and Title of Officer – type or print

Date

NAIC NUMBER:

COMPANY NAME:

Schedule B: Itemization of Property and Casualty Premiums

"Taxable premium" means the amount of the gross direct premiums, annuity considerations or dividends on participating policies applied in reduction of premiums less premiums returned to policyholders due to cancellation of policies. (W. Va. Code §33-43-3(i))

Premiums Written - Total on Line 35 below must be equal to premium reported on the Annual Statement (A.S.) State Page [Page 24, Column 1, Line 34 plus Finance and Service Charge on Line (a)] for a Property and Casualty company.

Line of Business		A.S. Reference Page 24 / Line Number	(1) Direct Premium Written Subject to 3% Tax	(2) Calculation of Additional Tax & Premium Surcharge Col 1 x 0.01	(3) Fire Allocation %	(4) Calculation of Premium Subject to Fire Marshal Tax Col 1 x Col 3
1	Fire	1			100%	
2	Allied lines	2.1				
3	Multiple peril crop	2.2				
4	Federal flood	2.3				
5	Farmowners multiple peril	3			60%	
6	Homeowners multiple peril	4			60%	
7	Commercial multiple peril (non-liability portion)	5.1			60%	
8	Commercial multiple peril (liability portion)	5.2				
9	Mortgage guaranty	6				
10	Ocean marine	8			15%	
11	Inland marine	9			15%	
12	Financial guaranty	10				
13	Medical malpractice	11				
14	Earthquake	12				
15	Workers' compensation	16				
16	Other liability	17				
17	Products liability	18				
18	Private passenger auto no-fault	19.1				
19	Other private passenger auto liability	19.2				
20	Commercial auto no-fault	19.3				
21	Other commercial auto liability	19.4				
22	Private passenger auto physical damage	21.1			5%	
23	Commercial auto physical damage	21.2			5%	
24	Aircraft (all perils)	22			20%	
25	Fidelity	23				
26	Surety	24				
27	Burglary and theft	26				
28	Boiler and machinery	27				
29	Credit	28				
30	Mobile Home (Physical Damage Form)	N/A			75%	
31	Mobile Homeowners	N/A			60%	
32	Aggregate write-ins for other lines of business	33				
33	Finance and service charges not included above	(a)			100%	
34	Total - Add Lines 1 through 33 for Column 1, 2 and 4		\$	\$		\$
35	Add Column 1, Line 34 and Line 7, of Schedule A on Page 2. The amount should equal total on A.S. State Page [Page 24, Column 1, Line 34 plus Finance and Service Charge on Line (a)].			\$		
36	PREMIUM EXEMPTED FROM STATE TAX. Cite statute, court decision or other legal basis allowing the exemption. An invalid reason will be taxed and may be penalized. Federally Reinsured Crop premiums are not taxable. In the space provided below, identify the line number listed above, the reason allowing the exemption, and the exempted premium amount.					
Line #	Reason for exempting premium:	Premium Amount				
36(a)	Total Exempted Premium	\$				
37	Total Taxable Premium (Column 1, Line 34 minus Line 36(a)) (W. Va. Code §§33-3-14 and 14a)	\$				
38	Total 1% Additional Tax Liability (Column 2, Line 34) (W. Va. Code §33-3-14d)	\$				
39	Total 1% Surcharge Liability (Column 2, Line 34) (W. Va. Code §33-3-33)	\$				
40	Fire Marshal Tax – Tax rate 0.005 x Line 34, Column 4 (W. Va. Code §29-3-22)	\$				

NAIC NUMBER:	COMPANY NAME:
--------------	---------------

Schedule C: Itemization of Annuity Considerations		
1. Total Annuity Considerations		\$
2. Additions		
2a. Annuity considerations not included in Line 1.	\$	
2b. Other. (Be specific. If required list on extra attachment.)	\$	
2c. Total Additions. (Sum of Line 2a and 2b)		\$
3. Exclusions		
3a. Returned annuity considerations. (Front-end only. Less any credited earnings)	\$	
3b. Deferred annuity considerations.	\$	
3c. Other. (Be specific. If required list on extra attachment.)	\$	
3d. Total Exclusions. (Sum of Line 3a, 3b and 3c)		\$
4. Taxable Annuity Considerations (Line 1 plus Line 2d minus Line 3d)		\$

Schedule D: Itemization of Retaliatory Taxes and Fees – Foreign Companies Must Complete -		
	Column A West Virginia Basis	Column B State of Domicile Basis
TAXES		
1. Total 3% Premium Tax Liability - Item A, Line 5, Page 1.	\$	\$
2. Total 1% Annuity Tax Liability from Item B, Line 2, Page 1.	\$	\$
3. Total 1% Additional Tax Liability from Item C, Line 1, Page 1.	\$	\$
4. Total Fire Marshal Tax Liability from Item E, Line 1, Page 1.	\$	\$
5. Other (Identify)	\$	\$
6. Other (Identify)	\$	\$
7. Other (Identify)	\$	\$
8. Other (Identify)	\$	\$
9. Total Taxes – Sum of Lines 1 through 8. (If Column A is less than \$200, round up to \$200.)	\$	\$
FEES		
10. Examination Assessment Fee – Due July 1	\$	\$
11. Certificate of Authority Annual Renewal Fee	\$	\$
12. Annual statement Filing Fee	\$	\$
13. Other (Identify)	\$	\$
14. Other (Identify)	\$	\$
15. Other (Identify)	\$	\$
16. Other (Identify)	\$	\$
17. Total Fees – Sum of Lines 10 through 16.	\$	\$
18. Total Taxes and Fees – Sum of Line 9 and 17.	\$	\$
19. Total Retaliatory Amount. Column B, Line 18 less Column A, Line 18. If zero or less, enter -0- here and do not complete Line 20 and 21.		\$
20. Total Retaliatory Fee Liability: <u>Option A:</u> If the amount on Line 9, Column B is greater than the amount on Line 9, Column A perform the following calculation: Line 17, Column B minus Line 17, Column A. Enter difference here and on Page 1, Item F, Line 1. If less than zero enter zero. <u>Option B:</u> If the amount on Line 9, Column B is not greater than the amount on Line 9, Column A enter the amount from Line 19 here and on Page 1, Item F, Line 1.		\$
21. Total Retaliatory Tax Liability: Total Retaliatory Tax Liability. Line 19 less Line 20. If greater than zero (0), enter amount here and on Page 1, Item F, Line 2. If less than or equal to zero (0), enter -0- here and on Page 1, Item F, Line 2.		\$

Schedule E: Calculation of Investment Tax Credit allowed pursuant to W. Va. Code §33-3-14b.

Chapter 33, Article 3, Section 14b of the West Virginia Code, 1931, as amended, states:

(a) If the annual statement of any insurer covering a calendar year shows it to have investments at the close of said year in West Virginia securities, of at least twenty-five percent of its admitted assets, it is entitled to a credit against the premium tax levied by sections fourteen and fourteen-a of this article in an amount equal to one hundred percent of the tax for the calendar year. *Provided*, That the insurer proves to the satisfaction of the commissioner that it employs less than twenty full-time employees, has gross direct premiums of less than ten million dollars and derives a minimum of fifty percent of its gross direct premiums from insurance provided to under-served areas of West Virginia.

(b) As used in this section:

(1) "Full-time employees" means all elected officers, all full-time employees, all part-time employees each counted as one-half full-time employee equivalents and all full and part-time equivalent employees of affiliated companies within an insurance holding company system providing any type of service by contract or by any other arrangement;

(2) "Underserved areas" means those counties of the state for which the insurer demonstrates to the satisfaction of the commissioner that consumers in that county have an inadequate choice of insurance providers;

(3) "West Virginia securities" means real estate situate in this state; bonds or interest-bearing notes or obligations of this state; and bonds or interest-bearing notes or obligations of any county, district, school district or independent school district, municipality or any other political subdivision of this state; revenue bonds issued by any West Virginia state agency, board, department or commission authorized to issue such bonds by the laws of this state; and cash balances in regularly established accounts in West Virginia state banks and reflected as an asset in such annual statement; provided that the amount of such cash shall be calculated based on fifty percent of the average quarterly balance of such accounts and provided further that such cash may make up no more than forty percent of the insurer's investments in West Virginia securities.

Insurers seeking to claim the Investment Tax Credit must complete both this Schedule and Schedules F and G.

1. Total Qualifying amount of Cash Balances. From Page 6, Schedule F, Line H.	\$	
2. Total Amount Invested in Qualifying West Virginia Securities. From Page 7, Schedule G, Line D.	\$	
3. Total Qualifying amount of West Virginia Securities and Cash Balances. Line 2 plus Line 3.		
4. Total Admitted Assets as of December 31. A. S. Page 2, Column 3: P&C, Line 25. L,A&H, Line 27		
5. Divide Line 3 by Line 4 (3 ÷ 4) times 100.		%
6. Total Gross Direct Premiums for calendar year. A. S. Schedule T: P&C, Column 2, Line 58: L,A&H, Sum Column 2 and 4, Line 95		
7. Total W. Va. Gross Direct Premiums for calendar year. A. S. Schedule T: P&C, Column 2, Line 49: L,A&H, Sum Column 2 and 4, Line 49		
8. Total number of full-time employees at year-end.		
Requirements to Qualify for Investment Tax Credit	YES	NO
9. Is the percentage of Total Qualifying West Virginia Securities to Total Admitted Assets (Line 5) equal to or greater than 25%?		
10. Is the total number of full-time employees (Line 8) less than twenty?		
11. Is the total W. Va. Gross Direct Premiums for calendar year (Line 7) less than ten million dollars (\$10,000,000.00)?		
12. For the calendar year, did the company derive a minimum of 50% of its gross direct premiums from insurance provided to under-served areas of West Virginia? *		
In order to claim the Investment Tax Credit, the answer to each of the above questions must be yes.		
13. Total 3% Premium Tax Liability. From Page 1, Item A, Line 5.	\$	
14. Total 3% Premium Tax Credit Claimed. Line 13 times 100%. Enter here and Page 1, Item A, Line 8.	\$	

* If yes, attach a detailed schedule demonstrating how the Company determined that it derived a minimum of 50% of its gross direct premiums from insurance provided to under-served areas of West Virginia. The schedule must list which areas of the state the Company has determined are under-served and provide veritable data demonstrating that consumers in the determined areas have an inadequate choice of insurance providers.

COMPANY NAME:

Complete this schedule to determine the amount to be reported on Page 5, Schedule E, Line 1 of this premium tax statement. For each depository the First, Second and Third Quarter Balances should equal amount reported on Schedule E, Column 7 of the Company's corresponding Quarterly Financial Statement and the Fourth Quarter Balance should equal amount reported on the Annual Financial Statement, Schedule E – Part 1, Column 5.

1. Total on this page (Total of amounts reported in Column E)
2. Attachment Totals (If unable to report all depositories on this sheet, attach additional sheets in this format and report attachment totals here)
3. Total Qualifying Average Quarterly Balances. Line 1 plus Line 2.
4. Fifty Percent of Total Qualifying Average Quarterly Balance. Multiply Line 3 by 0.50.
5. Total Amount Invested in Qualifying West Virginia Securities. From Page 7, Schedule G, Line 4.
6. Total Qualifying amount of West Virginia Investments. Line 4 plus Line 5.
7. Forty Percent Limitation on Cash Balances. Multiply Line 6 by 0.40.
8. Total Qualifying amount of Cash Balances. Enter the lesser of Line 4 or Line 7. (Enter here and Page 5, Schedule E, Line 1)

COMPANY NAME:

Complete this schedule to determine the amount to be reported on Page 5, Schedule E, Line 2 of this premium tax statement.	
(a)	Real Estate Situate in West Virginia (A. S. Schedule A – Part 1)
(b)	Bonds, Interest Bearing Notes or Obligations issued by the State of West Virginia (A. S. Schedule D – Part 1 – Group 3 – States, Territories and Possessions (Direct and Guaranteed))
(c)	Bonds, Interest Bearing Notes or Obligations issued by West Virginia Political Subdivisions and Schools (A. S. Schedule D – Part 1 – Group 4 – Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed))
(d)	Revenue Bonds issued by any West Virginia state agency, board, department or commission authorized to issue such bonds by the laws of this State (A. S. Schedule D – Part 1 – Group 5 – Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions)